

## FIRE SAFETY AND EMERGENCY RESPONSE DOCUMENTATION SHELTER CARE FACILITY

**Use of form:** Use of this form is voluntary; however, completion of this form will meet the requirements of HFS 59.06(20)(dm) of the Wisconsin Administrative Codes.

**Instructions:** The facility representative shall enter the requested information upon completing each item. The licensing specialist will review this form during the monitoring visit(s).

Name – Facility	Year
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### A. HEATING SYSTEM INSPECTION

The heating unit shall be maintained in a safe condition as determined through an annual check by a qualified individual acceptable to the department.

Date of the annual inspection: \_\_\_\_\_

### B. SMOKE DETECTOR / FIRE ALARM TESTS

Enter the time and date of the inspection. Note: Except for a hold-over room, a shelter care facility shall have an interconnected or radio-transmitted smoke detection system that shall be regularly tested in accordance with the manufacturer's instructions. Hold-over rooms shall have, at minimum, one functioning battery operated smoke detector located in the room and one functioning battery operated smoke detector located outside, but in proximity to, the room that shall be tested at least once per month.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												

### C. EMERGENCY SAFETY DRILLS

Enter the date of each drill and the time required to complete the drill. Enter any problems associated with the evacuation in the comments section.

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Fire	Date												
	Time Required												
Tornado	Date												
	Time Required												
Other	Date												
	Time Required												

COMMENTS:

### D. FIRE EXTINGUISHERS

A charged fire extinguisher acceptable to the local fire department shall be provided in the kitchen and on each floor of the facility. Staff shall be instructed in its use.

### E. FACILITY FIRE INSPECTION

The licensee shall demonstrate that the facility has passed an annual fire safety inspection acceptable to the licensing agency.

Date of the annual inspection: \_\_\_\_\_